

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101577,173

FILING DATE

4.26.2006

APPLICANT(S)

CLAIMS

15	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7	4					
8		1				
9	1	"				
10		1				
11	1	2				
12	1	1				
13	1	1				
14	1	1				
15	1	1				
16		1				
17			1			
18			1			
19			1			
20			1			
21			1			
22			1			
23			1			
24			1			
25			1			
26			1			
27			1			
28			1			
29			1			
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32			1			
33			1			
34			1			
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36			1			
37			1			
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39			1			
40			1			
41			1			
42			1			
43			1			
44			1			
45			1			
46			1			
47			1			
48			1			
49			1			
50			1			
TOTAL IND.	2	↓	4	↓		↓
TOTAL DEP.	17	←	14	←	←	
TOTAL CLAIMS	19		20			

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
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95						
96						
97						
98						
99						
100						
TOTAL IND.					↓	↓
TOTAL DEP.					←	←
TOTAL CLAIMS						